





## PERFORMANCE GROUP REGISTRATION FORM April 20, 2024

Please print legibly or type and return this form no later than March 9<sup>th</sup>, 2024 to info@carlosvieirafoundation.org or fax: 209-394-3964. Spots available on a first come, first serve basis.

Registration Details:								
Group Name:								
Mailing Address:								
	Zip:	State:						
Contact Person Name:	Position:							
Phone Number:	Email:							
Number of Performers in Group:	Preferred Performance Duration:   15 M	inutes 30 Minutes 45 Minutes						
Please list any equipment and quantity needed for your performance (chairs, microphones, etc.)								
Do you need any other special accommodations (wheelchair access, etc.)?								
Parade Opportunities: (Please check boxes that apply)								
Parade Participation								
Your group has the opportunity to participate in the opening parade at 10:00 AM. All participating groups must arrive by 8:30 AM to line up for the parade.								
☐ My group would like to participate in the opening parade								
Vendor Opportunities: (PI	ease check boxes that apply)							
Vendor Opportunity								
Your group has the opportunity to h your performance, CVF will waive y or Stanislaus County health permit	nave a vendor booth at the San Joaquin Valley your vendor booth fee for a 10'x10' space (this fees). You can choose to sell merchandise, se set forth by Carlos Vieira Foundation and Star	does not include potential electricity Il food or give information. You will						
☐ My group would like to have a	a vendor booth at the San Joaquin Valley Po	ortuguese Festival.						
Participant Confirmation and Waiver Statement:								
<b>group as a whole.</b> By signing below Festival. Group must arrive at least (	ent of the group submitting this confirmation, you are confirming your participation in the S (1 ½) one- and one-half hours prior to their performe. Actual performance time will be confirmed	an Joaquin Valley Portuguese formance time and be ready at least						
Signature:	Date:							







## LIABILITY DISCLAIMER:

The applicant, authorized by their organization, signing this confirmation understands and agrees to assume all risk for loss, damage, liability injury, cost or expense to their organization that may arise during or be caused in any way by participating in the San Joaquin Valley Portuguese Festival.

The applicants group further agrees that in consideration of being permitted to participate in the festival, he/she and the group/organization will defend, indemnify and hold the Carlos Vieira Foundation and their agents and employees harmless from any loss, claims and liability or damages and/or injuries to persons and property that in anyway may be caused by the applicant's participation and the use or occupancy of the Stanislaus County Fairgrounds.

I/We, the undersigned, have read and agree to the above statement. Signature: Date: COMMUNICATIONS RELEASE: I hereby assign the rights for video and/or photographic recordings made of our group/organization while participating in San Joaquin Valley Portuguese Festival. I hereby authorize the editing duplication reproduction and copyright exhibition broadcast and/or non-profit use and distribution of said recordings for purposes deemed suitable. I certify that I am over 18 years of age, and I am competent to enter into this release. IF UNDER 18 YEARS OF AGE, A PARENT OR GUARDIAN MUST ALSO SIGN THIS FORM. I have read the forgoing releases authorizations and agreements before affixing my signature below and warrant that I fully understand their contents. Signature: \_\_\_\_\_ Date: \_\_\_\_\_ PERFERRED PERFORMANCE DAY/ TIME: Note: We cannot guarantee that this time slot is available. Performance time subject to change. Performance time will be assigned on a first come, first serve basis. Saturday, April 20, 2024: 12:00 PM 12:30 PM 1:00 PM **Preferred Performance** 1:30 PM 2:00 PM Time: Circle your top three choices. 2:30 PM 3:00 PM 3:30 PM 4:00 PM 4:30 PM

Ρ	a	a	е	2	2
	-	3	_	_	_